
CMS Manual System

Pub. 100-20 One-Time Notification

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 122

Date: OCTOBER 29, 2004

CHANGE REQUEST 3494

SUBJECT: Shared System and CWF Renovation of Override Code Process and Recognition of Four 2-byte Modifier Fields on the Part B Query Record - For MCS Phased Implementation Approach Only

This change request is for a phased implementation approach by functionality for the MCS Shared System Maintainer. Fiscal Intermediaries, Carriers, RHHIs, and DMERCs are not required to implement this CR until further notification.

I. SUMMARY OF CHANGES: All existing fields in CWF that have override capability will be replaced with a new functionality. The existing 1-byte override code indicator will be replaced with a new 4-byte field, enabling users to enter edit error code(s) to initiate programmatic bypass logic. Ten new bypass fields will be available for each claim, five for header and five for line Item application.

Once a claim that has been rejected with an applicable error and local research has determined that the edit does not apply, the edit error number would be inserted on the claim prior to resubmission. The edit would then be bypassed in the CWF system.

This instruction is to complete the functionality implementation phase necessary for the new CWF Override Code process as well as recognizing four 2-byte modifier fields on the Part B query record and the associated edits.

NEW/REVISED MATERIAL - EFFECTIVE DATE: April 1, 2005

***IMPLEMENTATION DATE: April 4, 2005**

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: N/A

(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

***III. FUNDING:**

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

<input type="checkbox"/>	Business Requirements
<input type="checkbox"/>	Manual Instruction
<input type="checkbox"/>	Confidential Requirements
<input checked="" type="checkbox"/>	One-Time Notification
<input type="checkbox"/>	Recurring Update Notification

***Medicare contractors only**

Attachment – One-Time Notification

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I. GENERAL INFORMATION

A. Background:

Over the recent years the Common Working File (CWF) has seen a trend of new requirements to bypass CWF edits resulting from CMS requests and legislative mandates. With increasing frequency, new edit errors are being added with unique bypass criteria. Currently, a one-byte override code is used to bypass a particular edit. Due to a limited amount of available space on the current claim structures, CWF will soon hit limits that will prohibit additional edits to be bypassed using the same technique. In addition, the user community is being inundated with new fields and values that must also be incorporated into their local systems. Phase One (CR 3190) of the override code renovation included the addition of new data fields to the CWF query record for the override process and the addition of two new modifier fields to the CWF Part B query record as well as an expansion of CWF history. Phase Two completed the analysis necessary to recognize four modifier fields on the Part B query record and the associated edits currently in CWF.

Phase Three completes the implementation of the new approach for override code processing for CWF and the Shared Systems.

Current Processing:

The current CWF system has override codes for over a dozen different edit types, such as HHPPS, SNF, PT/OT, DMERC, HMO, Hospice, MSP etc. The override code concept is currently used for all claim types. It is utilized in both header and detail line item bypasses, further complicating the meanings and consistencies between edit bypass fields. With each additional bypass, the level of complexity is also increased. If an override code is present, other information may or may not be required depending on the particular value. In addition, this one byte indicator in some cases has multiple values for controlling different edits using a single field. For example, the ED Override field has the following values:

- 1 – Previous A/B crossover reject was investigated. Bypass A/B crossover edit.
- 2 – Bypass Deceased UPIN edit.
- 3 – Bypass PT/OT edits.

The ED Override field does not allow both the PT/OT and the Deceased UPIN edits to be bypassed since only 1 value may be used.

New Approach:

All existing fields in CWF that have override capability will be replaced with a new functionality. The existing 1-byte override code indicator will be replaced with a new 4-byte field; enabling users to enter edit error code(s) to initiate programmatic bypass logic. Ten new bypass fields will be available for each claim, 5 for header and 5 for line Item application.

Once a claim that has been rejected with an applicable error and local research has determined that the edit does not apply, the edit error number would be inserted on the claim prior to resubmission. The edit would then be bypassed in the CWF system.

This instruction is to complete the functionality implementation phase necessary for the new Override Code process as well as recognizing four 2-byte modifier fields on the Part B query record and associated edits.

B. Policy: Not Applicable. There is no specific Medicare Regulation tied to this CR.

C. Provider Education: None.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3494.1	Upon receipt of a CWF reject that allows for an override (Attachment) the SSM shall add the four position CWF reject code to one of the new override code fields on the CWF query record at the header or line level each time the claim is rejected by CWF.						X			

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: April 1, 2005 Implementation Date: April 4, 2005 Pre-Implementation Contact(s): Brent Bowden (410)786-8124 or Rick Wolfsheimer (410)786-6160 Post-Implementation Contact(s): Brent Bowden (410)786-8124	Medicare Contractors shall implement these instructions within their current operating budgets.
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***Unless otherwise specified, the effective date is the date of service.**

Attachment

Edits that can be overridden in CWF (by claim type)

HUBC/HUDC

HEADER:

ED Override a/b crossover, Deceased UPIN(D930)
PT/OT limitations (8022, 8024, 5412, 5413)
Hospice Override (524Z & 525Z)
GHO Override (5232)
ALIEN Override (538Q)

DETAIL:

MSP Code: (6803)
CB Override Consolidated Billing Home Health (5389,5390,7702,7703)
SNF (7253,7257,7258,7259,7260,7261,7269, 7275)
DS Override DME (5512)
DUP Override (DME DUP EDITS DA02, DA05, DA06, DA07, and DA09)

HUOP/HUHH/HUHC

HEADER:

ALIEN Override (538Q)
HMO Override (5233 & 5234)
Invalid Interrupted Stay (7279)

DETAIL:

Special Action Override Code (6803, 6806, 7274)
CB Override Consolidated Billing- Home Health (5390, 7703)
SNF (7251, 7252, 7253, 7254, 7255, 7257)
PT/OT override code – (8022, 8024, 5412, 5413)
Consistency override –(51#L)

HUIP

HEADER:

Alien Override (538Q)
HMO Override (5233 & 5234)
Special Action Override Code (6803 & 6806)
Invalid Interrupted Stay (7280)

The same edits that apply to the Informational Unsolicited and Unsolicited Response Process will not generate if the override code is present. Example: if HMO override is set then no Unsolicited Response will generate for the HHMO overlay (5233). If the CB override code is set, then the Informational Unsolicited Response will not generate for the Consolidated Billing edits process.